



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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### HOSPITAL BULLETIN 2006 ICD-9 PROCEDURE CODES

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- 2006 ICD-9-CM PROCEDURE CODE CHANGES

#### 2006 ICD-9-CM PROCEDURE CODE CHANGES

Effective for dates of service on and after October 1, 2005, Missouri Medicaid will require the 2006 International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) procedure codes on inpatient claims. There will be no 90-day grace period in billing discontinued ICD-9-CM procedure codes. ICD-9-CM procedure codes submitted on claims must be valid at the time the service is provided.

Listed below are the new, the revised and the invalid procedure codes for 2006:

#### New 2006 Procedure Codes

New 2006 Procedure Code	New 2006 Procedure Codes - Description	Restriction
00.18	Infusion of immunosuppressive antibody therapy during induction phase of solid organ transplantation	None
00.40	Procedure on single vessel	None
00.41	Procedure on two vessels	None
00.42	Procedure on three vessels	None
00.43	Procedure on four or more vessels	None
00.45	Insertion of one vascular stent	None
00.46	Insertion of two vascular stents	None
00.47	Insertion of three vascular stents	None
00.48	Insertion of four or more vascular stents	None
00.66	Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy	None
00.70	Revision of hip replacement, both acetabular and femoral components	None

<b>New 2006 Procedure Code</b>	<b>New 2006 Procedure Codes - Description</b>	<b>Restriction</b>
00.71	Revision of hip replacement, acetabular component	None
00.72	Revision of hip replacement, femoral component	None
00.73	Revision of hip replacement, acetabular liner and/or femoral head only	None
00.74	Hip replacement bearing surface, metal-on-polyethylene	None
00.75	Hip replacement bearing surface, metal-on-metal	None
00.76	Hip replacement bearing surface, ceramic-on-ceramic	None
00.80	Revision of knee replacement, total (all components)	None
00.81	Revision of knee replacement, tibial component	None
00.82	Revision of knee replacement, femoral component	None
00.83	Revision of knee replacement, patellar component	None
00.84	Revision of total knee replacement, tibial insert (liner)	None
01.26	Insertion of catheter into cranial cavity	None
01.27	Removal of catheter from cranial cavity	None
37.41	Implantation of prosthetic cardiac support device around the heart	None
37.49	Other repair of heart and pericardium	None
39.73	Endovascular implantation of graft in thoracic aorta	None
81.18	Subtalar joint arthroereisis	None
84.56	Insertion of (cement) spacer	None
84.57	Removal of (cement) spacer	None
84.58	Implantation of interspinous process decompression device	None
84.71	Application of external fixator device, monoplanar system	None
84.72	Application of external fixator device, ring system	None
84.73	Application of hybrid external fixator device	None
86.97	Insertion or replacement of single array rechargeable neurostimulator pulse generator	None
86.98	Insertion or replacement of dual array rechargeable neurostimulator pulse generator	None
92.20	Infusion of liquid brachytherapy radioisotope	None
	<b>2006 Revised Procedure Code Titles</b>	
37.79	Revision or relocation of cardiac device pocket	None
78.10	Application of external fixator device, unspecified site	None
78.11	Application of external fixator device, scapula, clavicle, and thorax [ribs and sternum]	None
78.12	Application of external fixator device, humerus	None

<b>Revised 2006 Procedure Code</b>	<b>Revised 2006 Procedure Codes - Description</b>	<b>Restriction</b>
78.13	Application of external fixator device, radius and ulna	None
78.14	Application of external fixator device, carpals and metacarpals	None
78.15	Application of external fixator device, femur	None
78.16	Application of external fixator device, patella	None
78.17	Application of external fixator device, tibia and fibula	None
78.18	Application of external fixator device, tarsals and metatarsals	None
78.19	Application of external fixator device, other	None
81.53	Revision of hip replacement, not otherwise specified	None
81.55	Revision of knee replacement, not otherwise specified	None
86.94	Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable	None
86.95	Insertion or replacement of dual array neurostimulator pulse generator, not specified as rechargeable	None
	<b>2006 Invalid Procedure Codes</b>	
36.01	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy without mention of thrombolytic agent	
36.02	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with mention of thrombolytic agent	
36.05	Multiple vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with or without mention of thrombolytic agent	
37.4	Repair of heart and pericardium	
81.61	360 degree spinal fusion, single incision approach	

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**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-573-635-8908 and using Option one.

**Provider Communications Hotline**  
**573-751-2896**